FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

| 1. Name and Mailing Address of Respondent CRAW-KAN TELEPHONE COOPERATIVE, INC. | Responder PHONE | COOF | PERAT | IVE, INC | Ç. | | | | | | | | | Chec | k here if this | |
|--|--------------------|-----------------------|--|--|---|---|-------|---|--|-----------------------|---------------------------------|---|-------|---|-------------------------|------------------|
| 200 N. OZARK GIRARD, KS 66743 | | | | | | | | | | | | | | is a char address. | is a change of address. | |
| Year Report Filed 2017 | | ω, | Reporting Foreign Covering Cov | Reporting Period (Ending Date Period Covered by Report) MARCH 31, 2017 | 3. Reporting Period (Ending Date of Pay Period Covered by Report) MARCH 31, 2017 | У | | 4. Number of Full-Time Employees during Selected Reporting Period (check one): a. ☐ Fewer than 16 (complete Sections I, IV, and b. ☐ 16 complete Sections I.) | Number of Full-Time Employees during Selected Reporting Period (check one): a. | nployees duri | ng Selected | (V only) | | | | |
| SECTION II - Full-Time Employees. | ees. | | | | | | | | | | 0.00) | | | | | |
| | | | | | | | | Number of Employees (Report employees in only one category) | Number of Employees employees in only one c | yees one category) | | | | | | |
| Job | | | | | | | | | Race/Ethnicity | | | | | | | |
| Categories | | Hispanic or Latino | , , , , , , , , , , , , , , , , , , , | | | | | | Not-Hispanic or Latino | c or Latino | | | | | | Total |
| | | - | | | | Male | le | | | | | Female | ale | | | Columns A - N |
| | Male | | Female | White | Black or African American | Native Hawaiian or Other Pacific | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific | Asian | American Indian or Alaska Native | Two or more races | |
| | Þ | | В | C | D | Е | F | G | I | - | ٢ | 7 | ٦ | 3 | z | 0 |
| | 1.1 | - | | - | | | | | | | | | | | | - |
| Managers Officials and | 1.2 | | | 7 | | | | | | | | | | | | 7 |
| Professionals | 2 | | | 4 | | | | | | 1 | | | | | | S |
| Technicians | ω | | | 2 | | | | | | 1 | | | | | | ιω |
| Sales Workers | 4 | | | - | | | | | | | | | | | | - |
| Administrative Support Workers | 5 | | _ | 2 | | | | | | 9 | | | | | | 12 |
| Craft Workers | 6 | | | 39 | | | | | | 3 | | | | | | 42 |
| Operatives | 7 | - | | | | | | | | | | | | | | 0 |
| Laborers and Helpers | 00 | | | | | | | | | | | | | | | 0 |
| Service Workers | ω | | | | | | | | | | | | | | | 0 |
| TOTAL | 10 0 | | - | 56 | 0 | 0 | 0 | 0 | 0 | 14 | 0 | 0 | 0 | 0 | 0 | 71 |
| PREVIOUS YEAR TOTAL | 11 0 | | | 49 | 0 | 0 | 0 | 0 | 0 | Ξ | 0 | 0 | 0 | 0 | 0 | 61 |

| Title of Person Signing General Manager | 05/19/2017 Typed or Printed Name of Person Signing 05/19/2017 Craig Wilbert | ily that to the best of my ki | SECTION V - Certification Certify that to the best of my knowledge information, and bell | This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and | This is to exprese the commission man to complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company body having competent jurisdiction in such matters during the calendar year covered by this report. | This is to advise the Commission that no complaints pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311 | PREVIOUS YEAR TOTAL 11 0 0 | TOTAL 10 0 0 | Service Workers 9 | Laborers and Helpers 8 | Operatives 7 | Craft Workers 6 | Administrative Support 5 | Sales Workers 4 | Technicians 3 | Professionals 2 | First/Mid-Level Officials and 1.2 | Executive/Senior Level Officials and Managers 1.1 | > 8 | Male Female | THE COLUMN TWO IS NOT | Categories Hispanic or | Job | |
|---|---|-------------------------------|---|--|--|--|----------------------------|--------------|-------------------|------------------------|--------------|-----------------|--------------------------|-----------------|---------------|-----------------|-----------------------------------|---|-----|---|---|------------------------|---------------------------------------|---|
| | son Signing | ief, all stater | iof all staton | ng complaint d, courts or a | sdiction in su | ant to 47 CF | 6 | 4 | | | | | | | 4 | | | | C | White | | | | |
| OF ANY ST | | nents in this re | ponte in this re | s alleging violi gencies befor | ch matters du | R 22.321, 23. | 0 | 0 | | | | | | | | | | | D | Black or African American | | | | |
| WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S. OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503). | | eport are true | Pro trib | ations of the p | ring the calen | 55, 90.168, 10 | 0 | 0 | | | | | | | | | | | т | Native Hawaiian or Other Pacific Islander | 3 | | | |
| TEMENTS M. | Signature | and correct. | or o | rovisions of a atter has bee | dar year cove | 1.4, and 101 | 0 | 0 | | | | | | | | | | | П | Asian | Male | | | |
| ADE ON THIS | 5 | | | ny equal emp n heard, file n | red by this rep | .311. | 0 | 0 | | | | | | | | | | | G | American Indian or Alaska Native | | | | (Report empl |
| FORM ARE PERMIT (47 | 2 | | | loyment appoi | eral, state, ter oort. | | 0 | 0 | | | | | | | | | | | I | Two or more races | | Not-Hispan | Race/Ethnicity | Number of Employees (Report employees in only one category) |
| PUNISHABLI U.S.C. 312 (A | ~ | | e | rtunity statute er designation | ritorial, or loca | | 0 | - | | | | | | | - | | | | - | White | | Not-Hispanic or Latino | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | one category |
| E BY FINE AN | A | | | have been fil , and current | al statutes hav | | 0 | 0 | | | | | | | | | | | د | Black or African Armerican | | | | |
| D/OR IMPRI | O_j | | orang of all of | been filed against this company current status or disposition. | e been filed a | | 0 | 0 | | | | | | | | | | | 7 | Native Hawaiian or Other Pacific Islander | Fer | | | |
| SONMENT (1 E (47 U.S.C. | Telephone No. (620) 72 | | osmon. | s company. osition. | against this | | 0 | 0 | | | | | | | | | | | ٦ | Asian | Female | | | |
| 18 U.S.C. 100 503). | elephone No. (620) 724-8235 | | | | | | 0 | 0 | | | | | | | | | | | 3 | American Indian or Alaska Native | | | | |
| FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION AND/OR FORFEITURE (47 U.S.C. 503). | | | | | | | 0 | 0 | | | | | | | | | | | z | Two or more races | | | | |
| EVOCATION | | | | | | | 6 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | Vs. | 0 | 0 | 0 | 0 | | Columns A - N | Total | | |